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| Heidi Wriant  | (Depositor's name) |
|---------------|--------------------|
| Heil We       | (Signature)        |
| March 3, 2005 | (Date)             |
|               |                    |

| APPLICATION NO. | FILING DATE | TILING DATE FIRST NAMED INVENTOR |              | CONFIRMATION NO. |  |  |
|-----------------|-------------|----------------------------------|--------------|------------------|--|--|
| 10/042,066      | 10/18/2001  | Frederick M. Ausubel             | 00786/387003 | 3890             |  |  |

TITLE OF INVENTION: METHODS FOR SCREENING AND IDENTIFYING HOST PATHOGEN DEFENSE GENES

| APPLN. TYPE                                                                                                                                     | SMALL ENTITY                                                                            | ISSUE FI                                  | EE                                                                                                                                                                  | PUBLICATION FEE                                                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                 | DATE DUE              |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|--|--|
| nonprovisional                                                                                                                                  | NO                                                                                      | \$1370                                    |                                                                                                                                                                     | \$300                                                                                                                                                                                                                                                                                                                         | \$1670                                           | 03/03/2005            |  |  |
| EXAMINER AR                                                                                                                                     |                                                                                         | ART UN                                    | IT ·                                                                                                                                                                | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                | ]                                                |                       |  |  |
| PRIEBE, SCOTT DAVID                                                                                                                             |                                                                                         | 1632                                      |                                                                                                                                                                     | 800-008000                                                                                                                                                                                                                                                                                                                    | •                                                |                       |  |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND | tion (or "Fee Address" Indica<br>or more recent) attached. Use<br>D RESIDENCE DATA TO B | Correspondence ation form e of a Customer | (1) the na or agents (2) the nai registered 2 registered listed, no                                                                                                 | nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.  If (print or type)  The patent of the patent of the patent of the patent. If an assign for filing an assignment. | nt attorneys  nember a es of up to no name is  3 | & Elbing LLP          |  |  |
| (A) NAME OF ASSIGN  The Gene  Please check the appropriate                                                                                      | ral Hospital Co                                                                         | orporation                                | ĺ                                                                                                                                                                   | Boston, Mass                                                                                                                                                                                                                                                                                                                  | sachusetts                                       | oup entity Government |  |  |
| 4a. The following fee(s) are                                                                                                                    |                                                                                         |                                           | . Payment of                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |                                                  |                       |  |  |
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| Authorized Signature                                                                                                                            | hur                                                                                     |                                           |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                               |                                                  |                       |  |  |
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